

## Application for Employment with the Township of Galloway

Driver's License # \_\_\_\_\_

The Township of Galloway considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status

### Selection Process for Applicants

#### ❖ Requirements for application

1. Must be a citizen of the United States and a resident of the State of New Jersey.
2. Be of sound mind and good physical health
3. Be a minimum age of 18 years old
4. Must have successfully completed high school and received a diploma or have a high school level G.E.D. Certificate.
5. Have a valid New Jersey driver's license.

\_\_\_\_\_  
(PLEASE PRINT or TYPE)

Position(s) Applied for:

Date of Application:

\_\_\_\_\_  
How did you learn about us?

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other: \_\_\_\_\_

\_\_\_\_\_  
Last Name

First Name

Middle Name

\_\_\_\_\_  
Address

Number

Street

City

State

Zip

\_\_\_\_\_  
Telephone Number(s)

Social Security Number

\_\_\_\_\_  
If you are under 18 years of age, can you provide proof of your eligibility to work?

Yes

No

Not Applicable

*The Township of Galloway is an Equal Opportunity Employer*

Have you ever filed an application with the Township before? Yes No

If yes, give date: \_\_\_\_\_

Have you ever been employed by the Township before? Yes No

If yes, give dates: \_\_\_\_\_

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? Yes No

*Proof of citizenship or immigration status will be required upon employment*

When are you available to start work? Date: \_\_\_\_\_

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been convicted of a felony? Yes No

*A conviction may not necessarily disqualify an applicant from employment*

If yes, please explain: \_\_\_\_\_

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## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate / College				
Graduate / Professional				
Other / Specify				

Indicate any foreign languages you can speak, read and / or write:

	Fluently	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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Describe any job – related training received in the United State Military:

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List professional, trade, business or civic activities and offices held:

*You may exclude memberships, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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**EMPLOYMENT EXPERIENCE**

Start with your current or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, gender, color, religion, national origin, disabilities or other protected status.

#1

Employer	Title	Hire Date	Starting Salary
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Address	End Date	Ending Salary
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Supervisor	Telephone
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Work Performed

Reason for Leaving

#2

Employer	Title	Hire Date	Starting Salary
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Address	End Date	Ending Salary
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Supervisor	Telephone
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Work Performed

Reason for Leaving

#3

Employer	Title	Hire Date	Starting Salary
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Address	End Date	Ending Salary
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Supervisor	Telephone
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Work Performed

Reason for Leaving

*If you need additional space, please continue on a separate sheet of paper*

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## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired through previous employment experience.

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## Specialized Skills

State any additional information you feel may be helpful to us in considering your application for employment

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NOTE: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

Yes

No

A description of the activities involved in such a job or occupation is available upon request.

## References

**NOT RELATED TO YOU AND HAVING KNOWN YOU FOR TWO (2) OR MORE YEARS**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

*The Township of Galloway is an Equal Opportunity Employer*

## Applicant's Statement

### AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Township of Galloway.

I understand that any employment is conditioned on a background check. I authorize the Township of Galloway to thoroughly investigate all statements contained in my application or resume. I authorize my former employers and references to disclose information regarding my previous employment, character and general reputation to the Township of Galloway without providing prior notice to me of such disclosure. In addition, I release the Township of Galloway, any former employers and all references listed from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term. My employment may be terminated at any time, with or without cause and without prior notice at the option of either myself or the Township of Galloway. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the township of Galloway unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug screen before starting work. If employed, I also agree to a medical examination or drug screen randomly or at any time deemed appropriate by the Township of Galloway and as permitted by law. I consent to such examinations and tests, and request that the examining doctor disclose to the Township of Galloway the results of the examination. This information shall remain confidential and will be segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests. If I am hired, a condition of my employment shall be that I will abide by the Township of Galloway Drug and Alcohol Policy.

I understand that filling out of this form does not indicate that a position is available and does not obligate the township of Galloway to hire me. If hired, I agree to abide by the work rules, policies and procedures of the Township of Galloway. The township of Galloway retains the right to revise its policies and procedures, in whole or part, at any time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR PERSONNEL DEPARTMENT USE ONLY			
INTERVIEWED	____	YES	____
	NO		
DATE	TIME		
REMARKS			
_____ _____ _____			
EMPLOYED	____	YES	____
	NO		
START DATE	_____		
Job Title:	_____	Salary	_____
		Dept.	_____
By:	_____	Title	_____

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